|  |                                  |                             |                              |  |   |   |              | ~          |                         | 7  | i (d                | 217                    |
|--|----------------------------------|-----------------------------|------------------------------|--|---|---|--------------|------------|-------------------------|----|---------------------|------------------------|
| ĺ  | PATENT                           | ON FEE D                    | RD                           | Application or Docket Number  OS (05017) |   |   |              |            |                         |    |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) · (Column 2)                         |                                  |                             |                              |  |   |   |              | LL<br>PE   | ENTITY                  | OR | OTHER               | THAN<br>ENTITY         |
| FOR  |                                  |                             | NUMBI                        | ER FILED                                 | NUMBER                                      | EXTRA   | RA           | ΓE         | FEE                     | 7  | RATE                | FEE                    |
| BASIC FEE  |                                  |                             |                              | 1  |   |   |              | ·. ·       | 345.00                  | OR |                     | 690.00                 |
| TOTAL CLAIMS   |                                  |                             | X                            | 0 minus                                  | 20= •                                       |   | X\$ 9=       |            |                         | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS   |                                  |                             | X                            | D minus                                  | 3 = '                                       |   | X39          | X39=       |                         |    | X78=                | -                      |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                                  |                             |                              |  |   |   | .12          | _          |                         | OR | .000                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                  |                             |                              |  |   |   | +13<br>TOT   | _          |                         | OR | +260=               | 7705                   |
| CLAIMS AS AMENDED - PART II  |                                  |                             |                              |  |   |   |              | AL         | L                       | OR | TOTAL OTHER         | CORD                   |
|  | (Column 1) (Column 2) (Column 3) |                             |                              |  |   |   |              | LL         | ENTITY                  | OR | SMALL               |                        |
| AMENDMENT A  |                                  | REMA<br>AF<br>AMEN          | ums<br>Uning<br>Ter<br>Dment |  | HIGHEST<br>NUMBER<br>PRÉVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RAT          | Έ          | ADDI-<br>TIONAL<br>FEE  | ·  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                            | • 5                         | <u> </u>                     | Minus                                    | . 20  | = <i>O</i>  | X\$ 9        | <b>)</b> = | 1                       | OR | X\$18=              | 1                      |
|  | Independent                      | •                           | <u> </u>                     | Minus                                    | ··· 3                                       | = 0   | X39          | =          | /                       | OR | X78=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                  |                             |                              |  |   |   |              | ) <u> </u> |                         | OR | +260=               | /                      |
|  |                                  |                             |                              |  |   |   | TO<br>ADDIT. | TAL        | /                       |    | TOTAL<br>ADDIT, FEE | Listeris               |
|  | ,                                |                             | mn 1)                        |  | (Column 2)                                  | (Column 3)  | ADDIT.       | ree (      |                         |    | AUUH, PEEI          |                        |
| AMENDMENT B  |                                  | REMA<br>AF                  | IMS<br>INING<br>TER<br>DMENT | **************************************   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RAT          | Ε          | ADDI-<br>TIONAL<br>FEE: |    | RATE                | ADDI-<br>TIONAL<br>FER |
|  | Total                            |                             | 2                            | Minus                                    | . 20  | = /   | X\$ 9        | =          |                         | OR | X\$18=              |                        |
|  | Independent                      | •                           | N OF M                       | Minus                                    | PENDENT CLAIM                               | = /   | X39          | =          |                         | OR | X78=                |                        |
|  | THOTFRESE                        | NALL OF                     | OF INC                       | JETIPLE DEI                              | PERDENT CLAIR                               | <del>' (                                   </del> | +130         | _          | (                       | OR | +260=/              | /                      |
|  | •                                |                             |                              |  |   |   |              | TAL<br>EE  |                         | OR | TOTAL<br>ADDIT. FEE |                        |
|  |                                  | (Colu                       |                              |  | (Column 2)                                  | (Column 3)  |              |            |                         |    |                     |                        |
| IENT C   |                                  | CLA<br>REMA<br>AFT<br>AMENE | INING<br>ER                  |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATI         |            | ADDI-<br>TIONAL<br>FEE  |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total                            | · 29                        |                              | Minus                                    | 20  | = /   | X\$ 9        | _ [        |                         | OR | X\$18=              | ,                      |
|  | Independent                      | NTATION                     | OF MI                        | Minus                                    | PENDENT CLAIM                               | = /   | X39=         | 1          | /                       | OR | X78=                | /                      |

OR

+130=

<sup>&</sup>quot;If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL ADDIT. FEE OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.